



Clay County 12th Annual Danny Suite Memorial Tournament
February 25th, 2018

Place: Clay County High School, 1 Panther drive, Clay, WV 25043
Entry \$15.00 Team mail In's of ten or more received by 2/22/18
Fee: \$20.00 Mail in received by 2/22/2018
\$25.00 Email, Texts, Call in's (Deadline 2/22/18 by 5:00 p.m. NO WALK-INS)

TOURNAMENT WILL BE LIMITED TO THE FIRST 300 ENTRIES!!!

Mail entries to: Clay Jr. Wrestling P.O. Box 452 Clay, WV 25043 (Make checks payable to CCJW)
Call Ins: Malinda Stewart: 304-553-3107 Text only from 8 am til 4 pm
Casey Minger: 304-651-4297 After 4pm only
Mike Minger: 304-553-9204
TJ Legg: 304-286-5477(home) 304-651- 9426 (cell) terry.a.legg@wv.gov
Email:

Weigh Ins: Sunday, February 25th, 2018 – CLAY COUNTY HIGH SCHOOL 6:30 am – 8:00 am

Scratch Meeting to follow. Take Down Tournament will be held during the scratch meeting – 5 take downs will win award. \$5.00 fee to enter.

Rules: Double Elimination. Wrestlers will wrestle three one-minute periods. Scholastic rules apply with sudden death overtime. LIMIT TWO ENTERIES PER WRESTLER IN DIFFERENT AGE BRACKETS. We reserve the right to combine weight classes. 1 lb. WEIGHT ALLOWANCE!! \$20.00 to move up a weight class. Proof of age "if challenged." Blind draw, every effort will be made to split wrestlers from the same team.

Awards: Individual awards given 1st, 2nd, 3rd, & 4th place finishers in each weight class. Participation awards awarded to all other wrestlers.

BREAKFAST AND LUNCH FOODS WILL BE AVAILABLE

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Entry form: (Return this portion only)

WEIGHT CLASSES (Age as of January 1, 2018! Please circle only one and copy form for a second entry!)

4 & Under	35	40	45	HWT	60max													
5 & 6	40	45	50	55	60	HWT	75max											
7 & 8	45	50	55	60	65	70	75	85	95	HWT	120max							
9 & 10	55	60	65	70	75	80	85	90	95	105	125	HWT (160 max)						
11 & 12	65	70	75	80	85	90	95	100	105	115	125	135	145	160	HWT (200 max)			
13 & 15	78	84	90	95	102	110	116	123	128	135	145	155	171	190	HWT (285 max)			

(NO HIGH SCHOOL STUDENTS ARE PERMITTED TO WRESTLE)

Name: _____ Phone: _____

Address: _____

Age Group: _____ Weight Class: _____ Birthdate: _____

Coaches Name: _____ Team: _____

The school or the Clay County Board of Education has no insurance covering the participants of this event. Therefore, Clay county High School, Clay County board of Education, WVYWA and Clay Jr. Wrestling League will not be responsible for any accident or injury that occurs during this event, or property losses. I will be personally responsible for any injury to myself during this event. I have read and fully understand this document. My signature indicates I agree with, and will abide by, it contents.

PARENT SIGNATURE: _____ DATE: _____